

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000343

Entity Name: ALDEN PINES HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**14318 CLUBHOUSE DR.
BOKEELIA, FL 33922**Current Mailing Address:**PO BOX 244
BOKEELIA, FL 33922 US**FEI Number:** 65-0655358**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NELSON, LESTER
7791 GRANDE PINE RD.
BOKEELIA, FL 33922 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** LESTER NELSON

03/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DAVEY, LISA
Address 14148 SANDARAC DR.
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name HEMBROOK, DIANA
Address 14421 CLUBHOUSE DR
City-State-Zip: BOKEELIA FL 33922

Title TREASURER
Name NELSON, LES
Address 7791 GRANDE PINE RD
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name MCDANIEL, CHARLES
Address 14184 SANDARAC DR.
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name SNYDER, SCOTT
Address 14112 SANDARAC DR.
City-State-Zip: BOKEELIA FL 33922

Title DIRECTOR
Name BENNETT, STEWART
Address 14382 SANDARAC DR.
City-State-Zip: BOKEELIA FL 33922

Title SECRETARY
Name MCDANIEL, ALTA
Address 14184 SANDARAC DR.
City-State-Zip: BOKEELIA FL 33922

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESTER S NELSON

TREASURER

03/04/2022

Electronic Signature of Signing Officer/Director Detail

Date